

STATE PERSONNEL BOARD, STATE OF COLORADO

Case No. _____

SUBPOENA

_____,

Complainant,

vs.

_____,

Respondent.

THE PEOPLE OF THE STATE OF COLORADO

To:

GREETINGS:

You are hereby **ORDERED** to appear and give testimony at: **The Chancery Building 1120 Lincoln Street, Suite 1420, State Personnel Board Hearing Room, Denver, Colorado,** for the **Complainant (or Respondent)** on _____-day, _____, 200 , at **9:00 A.M.** in the above-captioned case before an administrative law judge of the State Personnel Board of the State of Colorado. **UNLESS THERE IS A MOTION TO THE CONTRARY, THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL THE CONCLUSION OF THE HEARING PROCESS OR UNTIL THE WITNESS IS OTHERWISE RELEASED FROM THE SUBPOENA BY THE ADMINISTRATIVE LAW JUDGE.**

AND THIS YOU SHALL IN NOWISE OMIT UNDER PENALTY OF LAW.

DATED this _____ day of
_____, 200 .
at Denver, Colorado.

Administrative Law Judge
1120 Lincoln Street
Denver CO 80203

SHERIFF'S RETURN OF SERVICE

STATE OF COLORADO)
) ss.
COUNTY OF _____)

I certify that I served this SUBPOENA by handing to and leaving with the person named below a true copy of the same, on the date and at the place set opposite of that name.

NAME	DATE	PLACE
_____	_____	_____

(Deputy) Sheriff

AFFIDAVIT OF SERVICE BY DISINTERESTED PERSON

STATE OF COLORADO)
) ss.
COUNTY OF _____)

I, _____, being first duly sworn, affirmatively state: That I am over the age of eighteen (18) years, and am not a party to or interested in this action, and that I have served this SUBPOENA by handing to and leaving with the person named below a true copy of the same, on the date and at the place set opposite of that name.

NAME	DATE	PLACE
_____	_____	_____

(Signature of person making service)

Subscribed and sworn to before me this ____ day of _____, 2000.

My commission expires _____.

(Notary Seal)

Notary Public

WAIVER OF SERVICE

STATE OF COLORADO)
) ss.
COUNTY OF _____)

I certify that I am of full age, and I waive service of this SUBPOENA and consent that the hearing may be held on the day named in this SUBPOENA or the day to which the hearing may be continued.

(Name of Party Waiving Service)

The foregoing Waiver of Service was acknowledged before me on _____,
by the following person: (date)

_____.

My commission expires

Notary Public

(Notary Seal)